



STATE OF ARKANSAS
**Department of Finance
and Administration**

**OFFICE OF ADMINISTRATIVE SERVICES
Human Resources**

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MEMORANDUM

TO: Human Resources, Office of Administrative Services

FROM:

SUBJECT: Leave Balances for Transferring Employees

DATE: _____

Employee's Name

Personnel No.

☐

Transferred internally

RECEIVING OFFICE

☐

Transferred to another state agency

RECEIVING STATE AGENCY

DFA Human Resources has verified the information below and the following are the leave balances as of the last day of employment.

Effective Date of Transfer:
(Close of day)

Annual Leave Balance:

Sick Leave Balance:

Holiday Leave Balance:

Birthday Leave Balance:

Straight Compensatory Leave Balance:
(Applicable only if internal transfer)

Time & Half-Compensatory Leave Balance:
(Applicable only if internal transfer)

Paid Sick Leave hours used
Under FMLA:

Timekeeper Name

Telephone No.

Revised 09-18-03